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Please type a plus sign (+) inside this box → ☒PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. CLRI00-013  
First Inventor or Application Identifier ORLEN  
Title HYBRID TWO-WAY RADIO COMMUNICATION SYSTEM  
Express Mail Label No. EK429318710US**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 15]  
(preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
4. Oath or Declaration [Total Pages 3]
- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**\* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations]
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☒ \* Small Entity Statement(s) [Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)]
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other: .....

**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☒ Customer Number or Bar Code Label

25774

(Insert Custo.



I here)

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

(561) 733-2410

Fax

(561) 733-9424

Name (Print/Type)

Michael J. DeLuca

Registration No. (Attorney/Agent)

33,116

Signature

Date

12/05/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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**FEE TRANSMITTAL**  
**for FY 2000**Patent fees are subject to annual revision  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid See Forms PTO/SB/09-12  
See 37 C.F.R. §§ 1.27 and 1.28TOTAL AMOUNT OF PAYMENT (\$)**395****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	ORLEN
Examiner Name	
Group / Art Unit	
Attorney Docket No.	CLRI00-013

**METHOD OF PAYMENT (check one)**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name ☐ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:**

☐ Check ☐ Money Order ☒CREDIT  
FORM  
PTO-2038**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1,360	218	680
128	1,850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1,510	138	1,510
140	110	240	55
141	1,210	241	605
142	1,210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	690	246	345
149	690	249	345

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
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112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1,360	218	680
128	1,850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1,510	138	1,510
140	110	240	55
141	1,210	241	605
142	1,210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	690	246	345
149	690	249	345

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**40****FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	201	345
106	310	206	155
107	480	207	240
108	690	208	345
114	150	214	75

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	201	345
106	310	206	155
107	480	207	240
108	690	208	345
114	150	214	75

SUBTOTAL (1) (\$)**355****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
20	-20** = 0	X	0
3	-3** = 0	X	0
Multiple Dependent			

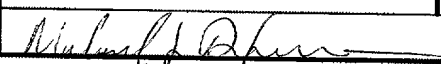
\*\*or number previously paid if greater; For Reissues, see below

**Large Entity Small Entity**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203	9
102	78	202	39
104	260	204	130
109	78	209	39
110	18	210	9

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103	18	203	9
102	78	202	39
104	260	204	130
109	78	209	39
110	18	210	9

SUBTOTAL (2) (\$)**0****SUBMITTED BY**

Name (Print/Type)	Michael J. DeLuca	Registration No (Attorney/Agent)	33.116	Complete (if applicable)	Telephone (561) 733 2410
Signature		Date	12/05/00		

**WARNING:**

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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